



CITY OF GLOUCESTER – INSPECTIONAL SERVICES  
3 POND ROAD, GLOUCESTER, MA 01930  
978 281-9774 PHONE 978 282-3036 FAX  
Massachusetts State Building Code, 780 CMR

**Building Permit Application to Construct, Repair, Renovate or Demolish a  
One- or Two-Family Dwelling**

**INSTRUCTIONS FOR COMPLETING  
A BUILDING PERMIT APPLICATION  
FOR 1 & 2 FAMILY DWELLINGS  
and Accessory Buildings**

1. Application must be completely filled out
2. Plot plan attached
3. Owner's signature required
4. If owner is hiring a contractor to do work:
  - contractor must sign application as Agent
  - contractor must submit copies of all required licenses
  - contractor must complete Workers Compensation Insurance Affidavit
  - contractor must submit Certificate of Liability Insurance naming City of Gloucester as certificate holder if required

**Building Inspectors hours**

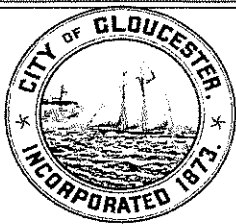
**8:30 to 9:30 am and 1:00 to 2:00 pm Monday – Thursday  
8:30 to 9:30 am on Friday**

All applications-without exception-must be submitted in person and reviewed with a Building Inspector during the above state hours only. If you are traveling a long distance, please call to make sure that inspectors will be available.  
Applications submitted by mail will be returned.

All building plans, site plans and specs must be submitted on a CD in TIFF format along with 2 (two) complete paper copies.

**Other requirements**

- Energy Compliance Report as required by code
- Sign offs from other city departments as required
- Zoning Decisions, if required must be recorded at the Registry of Deeds in Salem and copy of decision included with Application

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**Building Permit Application to Construct, Repair, Renovate or Demolish a  
One- or Two-Family Dwelling***This Section for Official Use Only*ROLLED PLANS SUBMITTED ☐CD SUBMITTED ☐CONTRACTOR INFO ☐ current ☐ needs updatingINSURANCE INFO ☐ current ☐ will fax

Signature \_\_\_\_\_

Date \_\_\_\_\_

Building Code Edition \_\_\_\_\_

Building Commissioner/Inspector of Buildings

**SECTION 1: SITE INFORMATION<sup>1</sup>****1.1 Property Address**1.1a Is this a change of use? Yes ☐ No ☐**1.2 Assessors Map & Lot Numbers**

Map \_\_\_\_\_ Lot \_\_\_\_\_

**1.3 Zoning Information**

Zoning District \_\_\_\_\_

Current Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

**1.4 Property Dimensions**

Lot Area (sq ft) \_\_\_\_\_

Frontage (ft) \_\_\_\_\_

**1.5 Water Supply (M.G.L. c.40 § 54)**Public ☐Private ☐**1.6 Flood Zone Information**Zone \_\_\_\_\_ Outside Flood Zone? ☐Check if yes ☐**1.7 Sewage Disposal System**Municipal ☐On site disposal system ☐**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>****2.1 Owner<sup>1</sup> of Record**

Name (Print) \_\_\_\_\_

Mailing Address of Owner \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

**If the property has been owned less than one year  
and the information is not reflected in the office  
database then the Assessor's sign-off is required.****Mail permit to:**☐ property address☐ owner's address☐ applicant's address☐ hold for pick up**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repair(s) ☐ Alteration(s) ☐ Addition ☐Demolition ☐ Accessory Building ☐ Number of Units ☐ Other ☐ Specify \_\_\_\_\_Brief description of Proposed Work<sup>2</sup> \_\_\_\_\_**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Labor & Materials)	For Office Use Only
Building	\$	Permit Fee \$50.00
Electrical	\$	plus \$10.00 per thousand on the 'Total Project Cost'
Plumbing	\$	Permit Fee..... \$ 50.00
Mechanical (HVAC)	\$	Total Project Cost _____ x 10 \$
Mechanical (Fire Suppression)	\$	Total Fee: \$
<b>Total Project Cost</b>	<b>\$</b>	Check No. _____ Amount _____ Cash _____
		<input type="checkbox"/> Paid in Full Balance due \$

## SECTION 5: CONSTRUCTION SERVICES

### 5.1 Licensed Construction Supervisor (CSL)

Name of CSL Holder \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

List CSL Type (see below)

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1 & 2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance
D	Residential Demolition

### 5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name \_\_\_\_\_

Registration Number \_\_\_\_\_

Address \_\_\_\_\_

Expiration Date \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

## SECTION 6: WORKERS COMPENSATION INSURANCE AFFIDAVIT [M.G.L. c.152, § 25C (6)]

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit attached? Yes ☐ No ☐ Insurance Certificate attached? Yes ☐ No ☐

### SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR THE BUILDING PERMIT

I, \_\_\_\_\_, as Owner of the subject property hereby authorize

\_\_\_\_\_ to act on my behalf in all matters relative to work authorized by this  
(contractor's name, not company name) building permit application.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

### SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION

I, \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements  
*please print name*

and information on the foregoing application are true and accurate to the best of my knowledge and behalf.

Signature of Owner or Authorized Agent \_\_\_\_\_

Date \_\_\_\_\_

(Signed under the pains and penalties of perjury)

### NOTES

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:

Total floor area (sq ft) \_\_\_\_\_ (include garage, finished basement/attic, deck or porch)

Gross living area (sq ft) \_\_\_\_\_ Type of heating system \_\_\_\_\_ Habitable room count \_\_\_\_\_

Number of bedrooms \_\_\_\_\_ Type of cooling system \_\_\_\_\_ Number of decks/porches \_\_\_\_\_

Number of bathrooms \_\_\_\_\_ Number of fireplaces \_\_\_\_\_ Enclosed \_\_\_\_\_ Open \_\_\_\_\_

Number of half/baths \_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
*Office of Investigations*  
*1 Congress Street, Suite 100*  
*Boston, MA 02114-2017*  
*www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †

4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

**Type of project (required):**

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).** Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# BUILDING PERMIT APPLICATION ROUTING & APPROVAL FORM

## Minimum Requirements

- Site plan showing setback dimensions
- Floor plan showing building layout
- Structure drawing for any structural changes

<input type="checkbox"/> Assessor	Verify Owner Name	Date_____	N/A____	Approved_____
	Verify Map & Lot	Date_____	N/A____	Approved_____
Property Address _____				
Owner's Name _____				
Map _____ Lot _____ Number of Units _____				
Owner Info (if different) _____				

If box is checked below then sign-off is required by that department.

<input type="checkbox"/> B.O.H.	Demolition	Date_____	N/A____	Approved_____
	Septic	Date_____	N/A____	Approved_____
	Well	Date_____	N/A____	Approved_____
	Other	Date_____	N/A____	Approved_____
<input type="checkbox"/> Engineering	Compensatory Sewer Fee	Date_____	N/A____	Approved_____
	Drainage Design	Date_____	N/A____	Approved_____
<input type="checkbox"/> Fire Dept.	Smoke Detectors	Date_____	N/A____	Approved_____
	Sprinklers	Date_____	N/A____	Approved_____
<input type="checkbox"/> Conservation Commission		Date_____	N/A____	Approved_____
<input type="checkbox"/> DPW	Water	Date_____	N/A____	Approved_____
	Sewer Connection	Date_____	N/A____	Approved_____
	Curb Cuts	Date_____	N/A____	Approved_____
<input type="checkbox"/> Planning Department	Access	Date_____	N/A____	Approved_____
<input type="checkbox"/> Other (if needed)		Date_____	N/A____	Approved_____

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_